

Motivational Interviewing

Wisconsin Public Psychiatry Network
Teleconference

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Research

Kinds of Change

- Natural Change
 - going to college
 - getting married
 - moving
 - changing jobs
 - joining the Army
 - taking a vacation

Concepts of Motivation

- Assumptions about motivation
 - key to change
 - fluctuates
 - interactive
 - can be modified
 - therapist can influence client's motivation

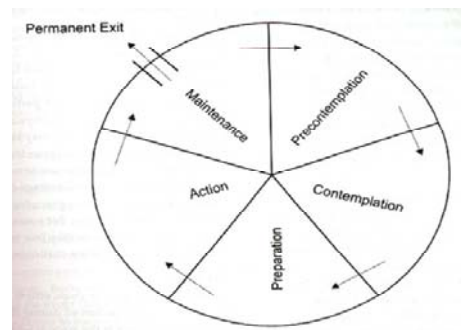
Change-Inducing Strategies

- Focus on strengths, not weaknesses
- Respect **client's** autonomy and decisions
- Individualized and client-centered treatment
- Do NOT depersonalize client by insisting on labeling her
 - “addict”
 - “alcoholic”
 - “schizophrenic”

Change-Inducing Strategies

- Develop a therapeutic partnership
- Use **empathy**, NOT authority or power
- Substance abuse disorders exist along a continuum
- Accept treatment goals that involve interim, incremental, or temporary steps toward final goal

Transtheoretical Model of Stages of Change



Transtheoretical Model of Stages of Change

- Cycle through which clients move back and forth
- For most with AODA problems, recurrence is the rule, not the exception
 - recurrence is NOT equivalent to failure
 - does NOT mean that the client does not want to change

Transtheoretical Model of Stages of Change

- Motivational Interventions
 - FRAMES
 - Decisional Balance
 - Developing Discrepancy
 - Flexible Pacing
 - Personal Contact

Transtheoretical Model of Stages of Change

- FRAMES
 - Feedback
 - Responsibility
 - Advice
 - Menu
 - Empathy
 - Self-efficacy

Transtheoretical Model of Stages of Change

- Motivational Interviewing
 - Ambivalence is NORMAL
 - Ambivalence can be resolved
 - Alliance between client and clinician is vital
 - Empathic, supportive, directive counseling style
 - Reflective listening
 - Respect and acceptance of clients and feelings
 - Nonjudgmental, collaborative relationship

Transtheoretical Model of Stages of Change

- Motivational Interviewing (cont'd)
 - Compliment rather than denigrate
 - Listen rather than tell
 - Gently persuade
 - Provide support throughout recovery process
 - Develop discrepancy between client goals or values and behavior

Transtheoretical Model of Stages of Change

- Motivational Interviewing (cont'd)
 - Avoid arguing and direct confrontation
 - Adjust to, rather than oppose, client resistance
 - Support self-efficacy and optimism

What is Motivation?

- Key to Change
- Multidimensional
- Dynamic and fluctuating
- Influenced by social interactions
- Can be modified
- Influenced by clinician's style

Transtheoretical Model of Stages of Change

- Tailoring interventions to client stage
 - Use different kinds of help for different stages of change readiness
- From precontemplation to contemplation
- From contemplation to preparation
- From preparation to action
- From action to maintenance

Assessing the Stage of Change

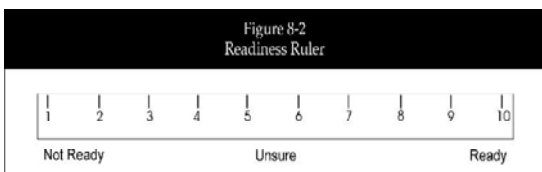
- “If the only tool you have is a hammer, then you have to treat everything as if it were a nail.” *Abraham Maslow*
- One of the best opportunities to determine the needs of the client and how best to assist change efforts
 - Assessment tools
 - Quick assessment technique
 - Readiness ruler

Assessment Tools

- Once a person's change goal is determined:
 - **Quick Assessment Technique**
 - Ask the following questions to determine Stage
 - I solved my problem more than six months ago
 - I have taken action on my problem within the past six months
 - I am intending to take action in the next month
 - I am intending to take action in the next six months
 - NO to all = Precontemplation
 - YES to 4; NO to 1,2,3 = Contemplation
 - YES to 3, 4; NO to 1, 2 = Preparation
 - YES to 2; NO to 1 = Action
 - YES to 1 = Maintenance

Assessment Tools

- Readiness Ruler



From Precontemplation to Contemplation

- In the opening sessions:
 - Establish rapport and trust
 - Explore events that precipitated treatment entry
 - Commend the client for coming

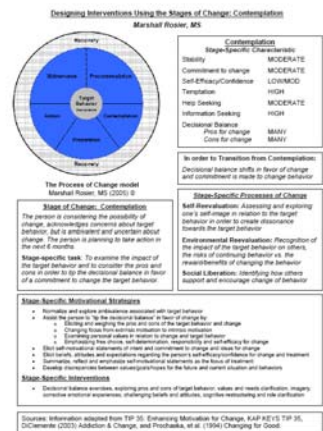
From Precontemplation to Contemplation

- Gentle strategies to use:
 - Agree on direction
 - Assess readiness to change
 - Provide information about the effects and risks of substance use
 - Use motivational language in written materials
 - Create doubt and evoke concern



From Contemplation to Preparation: Increasing Commitment

- Tipping the decisional balance
 - Most people weigh the costs and benefits of the action being contemplated
 - Decisional balancing
 - Summarize concerns
 - Explore specific pros and cons
 - Normalize ambivalence
 - Examine client's understanding of change and expectations of treatment
 - Re-explore values in relation to change
- Other issues in the decisional balance
 - Loss and grief



From Preparation to Action

- Clarify the person's own goals, ideas and strategies for change
- Offer a menu of options for change or treatment and provide and encourage choice
- With permission and when appropriate, offer expertise and advice.
- Support the person to design a **Recovery Action Plan** (change plan)
- Discuss, plan for and reduce barriers to change
- Help the person enlist social supports, peer supports and natural community-based supports

From Preparation to Action

- Explore treatment expectancies and the person's role
- Elicit from the person what has worked in the past either for person or others around changing target behavior
- Assist the person to negotiate finances, child care, work, transportation, or other potential barriers to change
- Have the person publicly announce plans to change to significant others, family, co-workers etc.



Motivation and Intervention

- Discrepancies between goals and behavior
- Flexible pacing
- Personal contact with clients not in treatment
- Catalysts for change
 - cognitive
 - behavioral
 - affective
 - environmental

Motivation and Intervention

- Motivational interventions have been used
 - across cultures
 - different types of problems
 - various treatment settings
 - different populations

Motivational Interviewing as a Counseling Style

- Builds on Carl Rogers
- Assumptions it builds on
 - ambivalence is normal
 - ambivalence can be resolved
 - collaborative partnership with client
 - empathic, supportive yet directive style

Motivational Interviewing as a Counseling Style

- Five principles of motivational interviewing
 - express empathy
 - develop discrepancy
 - avoid argument and direct confrontation
 - adjust to client resistance
 - support self-efficacy and optimism

Motivational Interviewing as a Counseling Style

- Non-empathic responses
 - ordering or directing
 - giving unsolicited advice
 - moralizing or preaching
 - praising
 - interpreting or analyzing
 - questioning
 - warning or threatening
 - arguing or lecturing
 - judging or criticizing
 - shaming or labeling
 - sympathizing
 - withdrawing

Motivational Interviewing as a Counseling Style

- Effectiveness of Motivational Interviewing
 - “Of the 11 studies reviewed, nine found motivation interviewing more effective than:
 - no treatment
 - standard care
 - extended treatment
 - or being on a waiting list before receiving care”
 - Three trials confirmed MI use to enhance traditional treatment

Coerced Clients

- Motivational enhancement and coerced clients: special considerations
 - Honor the client’s anger and sense of dehumanization
 - Avoid assumptions about the type of treatment needed
 - Make it clear that you will help the client derive what the client perceives is needed and useful from the program